



APPLICATION FOR REGISTRATION AS AN ENVIRONMENTAL HEALTH SPECIALIST

State Form 46158 (R / 4-01)

Approved by State Board of Accounts, 2001

HEALTH PROFESSIONS BUREAU
402 West Washington Street, Room 041
Indianapolis, Indiana 46204
(317) 232-2960
<http://www.state.in.us/hpb>

*Your Social Security number is being requested by this state agency in accordance with I.C. 4-1-8-1. Disclosure is mandatory, and this record cannot be processed without it.

FOR OFFICE USE ONLY

APPLICATION FEE	
DATE FEE PAID	
RECEIPT NUMBER	
REGISTRATION NUMBER	
REGISTRATION ISSUE DATE	

APPLICANT

Attach two (2) passport-quality photographs of yourself taken not earlier than one (1) year prior to the date of application, dated and signed in the applicant's handwriting.

PLEASE TYPE OR PRINT AND ANSWER ALL QUESTIONS.

APPLICANT INFORMATION

Name of applicant (last, first, middle, maiden)		Social Security number*	
Address (number and street or rural route)			
City		State	ZIP code
Date of birth	Place of birth (city and state or country)		
Telephone number (daytime)		E-mail address	

APPLYING FOR REGISTRATION BY: (Please check one)

☐ Examination

☐ Reciprocity

PROFESSIONAL EDUCATION DEGREE GRANTED BY:

☐ Baccalaureate Degree

☐ Master's Degree

NAME OF SCHOOL	LOCATION OF SCHOOL	DATE OF GRADUATION

EXAMINATION RECORD

EXAMINATION TAKEN	DATE OF MOST RECENT EXAMINATION (month, day, year)	WHERE TAKEN	HOW MANY TIMES HAVE YOU SAT FOR THIS EXAMINATION
Professional Examination Service (PES) Examination			
National Environmental Health Association (NEHA)			
Other Examination _____			

OTHER PROFESSIONAL EDUCATION

NAME OF SCHOOL	LOCATION OF SCHOOL	DATES ATTENDED	DEGREE GRANTED

VERIFICATION OF PROFESSIONAL EXPERIENCE

SUPERVISOR	EMPLOYER	LOCATION	SPECIFIC RESPONSIBILITIES	START DATE	COMPLETION DATE

STATES REGISTERED / LICENSED

List all states, including Indiana, in which you have been registered or licensed to practice any regulated health occupation.

LICENSE TYPE	STATE	NUMBER	DATE ISSUED	EXPIRATION DATE	STATUS

LIST ALL PLACES YOU HAVE LIVED SINCE GRADUATION

GENERAL LOCATION	DATES

LIST ALL PLACES OF EMPLOYMENT SINCE GRADUATION FROM SCHOOL

NAME AND ADDRESS OF EMPLOYER	RESPONSIBILITIES	DATES OF EMPLOYMENT

If your answer is "Yes" to any of the following, explain fully in a signed and notarized statement, including all related details. Include the violation, location, date and disposition. Falsification of any of the following is grounds for permanent revocation of a registration issued pursuant to this application.

1. Have you ever previously filed an application in the State of Indiana?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Has disciplinary action ever been taken regarding any health license, certificate, registration or permit you hold or have held?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Have you ever been denied a license, certificate, registration or permit for registration as an environmental health specialist or any regulated health occupation in any state (<i>including Indiana</i>) or country?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Are you now being, or have you ever been, treated for a drug abuse or alcohol problem?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Have you ever been convicted of, plead guilty, or nolo contendere to:	<input type="checkbox"/> YES <input type="checkbox"/> NO
A. A violation of any Federal, State, or local law relating to the use, manufacturing, distribution or dispensing of controlled substances or drug addiction?	<input type="checkbox"/> YES <input type="checkbox"/> NO
B. Any offense, misdemeanor or felony in any state? (<i>Except for minor violations of traffic laws resulting in fines.</i>)	<input type="checkbox"/> YES <input type="checkbox"/> NO

APPLICATION AFFIRMATION

I hereby swear or affirm, under the penalties of perjury, that the statements made in this application are true, complete and correct.

Signature of applicant	Date signed (<i>month, day, year</i>)
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AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize, request and direct any person, firm, corporation, association, organization or institution to release to the Health Professions Bureau of Indiana any files, documents, records or other information pertaining to the undersigned requested by the Bureau, or any of its authorized representatives in connection with processing my application for registration as an environmental health specialist.

I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations and institutions from any liability with regard to such inspection or furnishing of any such information.

A photostatic copy of this authorization has the same force and effect as the original.

AFFIRMATION

I hereby swear or affirm, that I have read the above statements and agree to same.

Signature of applicant

Date signed (*month, day, year*)

VERIFICATION OF ENVIRONMENTAL HEALTH REGISTRATION

INSTRUCTIONS: *Please complete the top portion of the verification and send a copy to each state where you hold or have held a license. Request each state to complete and send directly to:*

Health Professions Bureau
402 West Washington Street, Room 041
Indianapolis, Indiana 46204
(317) 232-2960

APPLICANT INFORMATION

Name (last, first, middle, maiden)		Social Security number *	
Address (number and street, Rural Route)			
City		State	ZIP code
Date of birth (month, day, year)	Telephone number (daytime)		E-mail address
I hereby authorize the State of _____ to furnish the Health Professions Bureau of Indiana with the information below.			
Signature		Date signed (month, day, year)	

TO BE COMPLETED BY THE STATE BOARD

License number	Date of issuance	Expiration date
License issued based upon: <input type="checkbox"/> Examination <input type="checkbox"/> Endorsement <input type="checkbox"/> Other _____		
Type of examination: <input type="checkbox"/> PES Examination <input type="checkbox"/> NEHA Examination <input type="checkbox"/> State Constructed Examination (<i>Attach subjects, scores and average</i>)		Date of examination(s)
Has this registration been subject to any disciplinary action? (<i>Please attach certified copies of any disciplinary action taken by your board.</i>)		<input type="checkbox"/> Yes <input type="checkbox"/> No

FORM COMPLETED BY:

Name	PLEASE AFFIX BOARD SEAL
Title	
State Board	
Date (month, day, year)	

VERIFICATION OF PROFESSIONAL EXPERIENCE FOR REGISTERED ENVIRONMENTAL HEALTH SPECIALIST

A person applying to be registered as an environmental health specialist must provide verification of two (2) years of professional experience unless the applicant meets the requirements as stated below under one (1) year of experience.

TWO (2) YEARS OF EXPERIENCE

According to IC 25-32-1-3(b)(2): Must have been employed full time in the field of environmental sanitation for a period of at least two (2) years within the preceding five (5) years.

ONE (1) YEAR OF EXPERIENCE

According to 896 IAC 1-2-2(7) An applicant who:

- (A) holds a master's degree in public health with a major in sanitary science or a science degree higher than a baccalaureate; and
- (B) meets the science requirements set forth in 896 IAC 1-2-2(2) is only required to submit verification of one (1) year of full time employment in the field of environmental health within the proceeding five (5) years.

Request your employer(s) to complete this form and return it directly to the:

Health Professions Bureau
402 West Washington Street, Room 041
Indianapolis, Indiana 46204

APPLICANT INFORMATION

Name of applicant (<i>last, first, middle, maiden</i>)	Social Security number*	
Address (<i>number and street or rural route</i>)		
City	State	ZIP code

SUPERVISOR AND FACILITY / COMPANY EMPLOYED

Name of supervisor		Title	
Name of facility / company			
Address (number and street or rural route)			
City		State	ZIP code
Telephone number (daytime)		E-mail address	

POSITION AND DATES OF EMPLOYMENT

Position Held	Starting Date	Ending Date

RESPONSIBILITIES OF APPLICANT

Please list the applicant's specific responsibilities when employed by your facility / company. If there is not enough space provided below, please attach information to this form on a separate sheet of paper.

[illegible]

CERTIFICATION OF SUPERVISOR

This is to certify that the above applicant has been employed under my supervision in the field of environmental health in the position and dates as stated on this verification of professional experience.

Signature of Supervisor	Date signed (<i>month, day, year</i>)
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